

Science Student Progress

Student Information

Student Name: _____ Grade: _____
Current Grade _____ Test Average: _____ Quiz Average: _____
Has parent contact been made? ☐ Yes ☐ No

Class Information

Lesson Interventions

- | | |
|---|---|
| <input type="checkbox"/> After-School Tutoring | <input type="checkbox"/> Chunk Tasks |
| <input type="checkbox"/> Study Hall tutoring | <input type="checkbox"/> Concept Mapping |
| <input type="checkbox"/> Independent Practice | <input type="checkbox"/> Provide Additional Presentations |
| <input type="checkbox"/> Guided Practice | <input type="checkbox"/> Change Presentation Mode |
| <input type="checkbox"/> Daily usage of Student Planner | <input type="checkbox"/> Change Response Mode |
| <input type="checkbox"/> Use of Graphic Organizers | <input type="checkbox"/> Use of Concrete Examples |
| <input type="checkbox"/> Guided Notes | <input type="checkbox"/> Tiered Learning |
| <input type="checkbox"/> Clarify Directions/Check for Understanding | <input type="checkbox"/> Think-Pair Share |
| <input type="checkbox"/> Scaffold the Learning Task | <input type="checkbox"/> Alter Assessment Materials |
| . | <input type="checkbox"/> Other: _____ |

Academic Concerns

- ☐ Poor Study Habits
☐ Poor Test Taking Skills
☐ Does not complete homework
☐ Lacks Prior Knowledge
☐ Lacks Motivation to Learn

Behavior Concerns

Teacher Information

Science Teacher: _____ Date: _____
Class Period that student attends: _____

Tutor Information

Is student attending tutoring at the scheduled time? ☐ Yes ☐ No
Is student attending after-school tutoring? ☐ Yes ☐ No

Review of Progress